Complete Summary

TITLE

Prenatal care: percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

SOURCE(S)

Physician Consortium for Performance Improvement®. Prenatal care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Sep. 10 p. [5 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12- month period who receive anti-D immune globulin at 26-30 weeks gestation.

RATIONALE

Rh sensitization is a serious complication of pregnancy that places the lives of both mother and child at risk. This complication can be avoided through the prophylactic administration of anti-D immune globulin.*

*The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical quidelines and represent the evidence base for the measure:

Antibody tests can be repeated in an unsensitized, D-negative patient at 26-28 weeks gestation. She should also receive anti-D immune globulin prophylactically at that time. In addition, any unsensitzed, D-negative patient should receive anti-D immune globulin if she has one of the following conditions or procedures:

- Ectopic gestation
- Abortion (either threatened, spontaneous, or induced)
- Procedure associated with possible fetal-to-maternal bleeding, such as chorionic villus sampling (CVS) or amniocentesis
- Condition associated with fetal-maternal hemorrhage (e.g., abdominal trauma, abruptio placentae)
- Delivery of a D-positive newborn (American Academy of Pediatrics/American College of Obstetricians and Gynecologists [AAP/ACOG])

The US Preventive Services Task Force (USPSTF) recommends the repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks gestation, unless the biological father is known to be Rh (D)-negative. (USPSTF)

PRIMARY CLINICAL COMPONENT

Prenatal care; D (Rh) negative and unsenstitized patients; anti-D immune globulin prophylaxis

DENOMINATOR DESCRIPTION

All patients, regardless of age, who are D (Rh) negative and unsensitized who gave birth during a 12-month period, seen for continuing prenatal care (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients receiving anti-D immune globulin at 26-30 weeks gestation

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Golden WE, Wells C. Evaluating prenatal care in Arkansas. J Ark Med Soc2002 Mar; 98(9): 296-7. PubMed

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients, regardless of age, who are D (Rh) negative and unsensitized who gave birth during a 12-month period, seen for continuing prenatal care

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients, regardless of age, who are D (Rh) negative and unsensitized who gave birth during 12-month period, seen for continuing prenatal care

Exclusions

- Documentation of medical reason(s) for patient not receiving anti-D immune globulin at 26-30 weeks gestation.
- Documentation of patient reason(s) for patient not receiving anti-D immune globulin at 26-30 weeks gestation.
- Documentation of system reason(s) for patient not receiving anti-D immune globulin at 26-30 weeks gestation.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition Encounter Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients receiving anti-D immune globulin at 26-30 weeks gestation

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

A demonstration project to test the validity and reliability of measures, as well as their usefulness to practicing physicians, was completed by the Arkansas Foundation for Medical Care (AFMC).

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Golden WE, Wells C. Evaluating prenatal care in Arkansas. J Ark Med Soc2002 Mar; 98(9): 296-7. PubMed

Identifying Information

ORIGINAL TITLE

Measure #1: anti-D immune globulin.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Prenatal Care Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement ${\bf @}$

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Ed Hirsch, MD (*Co-Chair*); Stanley Zinberg, MD, MS (*Co-Chair*); Bruce Bagley, MD; Phil Bongiorno; Caryn Davidson; Ruth B. Goldstein, MD; Ronald Keren, MD, MPH; Dale Magee, MD, MS; Richard Hellman, MD, FACP, FACE; Reed E. Pyeritz, MD, PhD, FACP, FACMG; Sam J.W. Romeo, MD, MBA; Allan J. Wilke, MD, MA

Rebecca Kresowik, Consultant; Timothy Kresowik, MD, Consultant

Pam Scarrow, American College of Obstetricians and Gynecologists

Erin O'Brien, American Medical Association; Karen S. Kmetik, PhD, American Medical Association

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Jan

REVISION DATE

2007 Sep

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement®. Clinical performance measures: prenatal testing. Tools developed

by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 4 p.

SOURCE(S)

Physician Consortium for Performance Improvement®. Prenatal care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Sep. 10 p. [5 references]

MEASURE AVAILABILITY

The individual measure, "Measure #1: Anti-D Immune Globulin," is published in the "Prenatal Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on November 25, 2002. The information was verified by the Physician Consortium for Performance Improvement on August 28, 2003. This NQMC summary was updated by ECRI on November 14, 2005. The information was verified by the measure developer on February 16, 2006. This NQMC summary was updated again by ECRI Institute on January 31, 2008.

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Date Modified: 11/3/2008

